

Effective October 1, 2001

PG 100

(Column 1)                      (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 24            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 24 minus 20 = | * 4                      |
| INDEPENDENT CLAIMS               | 2 minus 3 =   | * 0                      |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

| (Column 1) | (Column 2) | (Column 3) |
|------------|------------|------------|
| 1          | 2          | 3          |
| 4          | 5          | 6          |
| 7          | 8          | 9          |
| 10         | 11         | 12         |
| 13         | 14         | 15         |
| 16         | 17         | 18         |
| 19         | 20         | 21         |
| 22         | 23         | 24         |
| 25         | 26         | 27         |
| 28         | 29         | 30         |
| 31         | 32         | 33         |
| 34         | 35         | 36         |
| 37         | 38         | 39         |
| 40         | 41         | 42         |
| 43         | 44         | 45         |
| 46         | 47         | 48         |
| 49         | 50         | 51         |
| 52         | 53         | 54         |
| 55         | 56         | 57         |
| 58         | 59         | 60         |
| 61         | 62         | 63         |
| 64         | 65         | 66         |
| 67         | 68         | 69         |
| 70         | 71         | 72         |
| 73         | 74         | 75         |
| 76         | 77         | 78         |
| 79         | 80         | 81         |
| 82         | 83         | 84         |
| 85         | 86         | 87         |
| 88         | 89         | 90         |
| 91         | 92         | 93         |
| 94         | 95         | 96         |
| 97         | 98         | 99         |
| 100        | 101        | 102        |
| 103        | 104        | 105        |
| 106        | 107        | 108        |
| 109        | 110        | 111        |
| 112        | 113        | 114        |
| 115        | 116        | 117        |
| 118        | 119        | 120        |
| 121        | 122        | 123        |
| 124        | 125        | 126        |
| 127        | 128        | 129        |
| 130        | 131        | 132        |
| 133        | 134        | 135        |
| 136        | 137        | 138        |
| 139        | 140        | 141        |
| 142        | 143        | 144        |
| 145        | 146        | 147        |
| 148        | 149        | 150        |
| 151        | 152        | 153        |
| 154        | 155        | 156        |
| 157        | 158        | 159        |
| 160        | 161        | 162        |
| 163        | 164        | 165        |
| 166        | 167        | 168        |
| 169        | 170        | 171        |
| 172        | 173        | 174        |
| 175        | 176        | 177        |
| 178        | 179        | 180        |
| 181        | 182        | 183        |
| 184        | 185        | 186        |
| 187        | 188        | 189        |
| 190        | 191        | 192        |
| 193        | 194        | 195        |
| 196        | 197        | 198        |
| 199        | 200        | 201        |
| 202        | 203        | 204        |
| 205        | 206        | 207        |
| 208        | 209        | 210        |
| 211        | 212        | 213        |
| 214        | 215        | 216        |
| 217        | 218        | 219        |
| 220        | 221        | 222        |
| 223        | 224        | 225        |
| 226        | 227        | 228        |
| 229        | 230        | 231        |
| 232        | 233        | 234        |
| 235        | 236        | 237        |
| 238        | 239        | 240        |
| 241        | 242        | 243        |
| 244        | 245        | 246        |
| 247        | 248        | 249        |
| 250        | 251        | 252        |
| 253        | 254        | 255        |
| 256        | 257        | 258        |
| 259        | 260        | 261        |
| 262        | 263        | 264        |
| 265        | 266        | 267        |
| 268        | 269        | 270        |
| 271        | 272        | 273        |
| 274        | 275        | 276        |
| 277        | 278        | 279        |
| 280        | 281        | 282        |
| 283        | 284        | 285        |
| 286        | 287        | 288        |
| 289        | 290        | 291        |
| 292        | 293        | 294        |
| 295        | 296        | 297        |
| 298        | 299        | 300        |
| 301        | 302        | 303        |
| 304        | 305        | 306        |
| 307        | 308        | 309        |
| 310        | 311        | 312        |
| 313        | 314        | 315        |
| 316        | 317        | 318        |
| 319        | 320        | 321        |
| 322        | 323        | 324        |
| 325        | 326        | 327        |
| 328        | 329        | 330        |
| 331        | 332        | 333        |
| 334        | 335        | 336        |
| 337        | 338        | 339        |
| 340        | 341        | 342        |
| 343        | 344        | 345        |
| 346        | 347        | 348        |
| 349        | 350        | 351        |
| 352        | 353        | 354        |
| 355        | 356        | 357        |
| 358        | 359        | 360        |
| 361        | 362        | 363        |
| 364        | 365        | 366        |
| 3          |            |            |

| AMENDMENT A                                                             | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|-------------------------------------------------------------------------|----------------------------------|-------|------------------------------------|---------------|
|                                                                         | Total                            | *     | Minus                              | **            |
| Independent                                                             | *                                | Minus | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

## **AMENDMENT B**

| AMENDMENT B                                    |             | (Column 1)                                |       | (Column 2)                                  | (Column 3)               |
|------------------------------------------------|-------------|-------------------------------------------|-------|---------------------------------------------|--------------------------|
|                                                |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA         |
|                                                | Total       | *                                         | Minus | **                                          | =                        |
|                                                | Independent | *                                         | Minus | ***                                         | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |             |                                           |       |                                             | <input type="checkbox"/> |

## AMENDMENT C

|                                                                         |             | (Column 1)                                | (Column 2)                                  | (Column 3)       |
|-------------------------------------------------------------------------|-------------|-------------------------------------------|---------------------------------------------|------------------|
| AMENDMENT C                                                             |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|                                                                         | Total       | *                                         | Minus                                       | **               |
|                                                                         | Independent | *                                         | Minus                                       | ***              |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |             |                                           |                                             |                  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

**\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."**

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9=    | 36     | OR | X\$18=    |        |
| X42=      |        | OR | X84=      |        |
| +140=     |        | OR | +280=     |        |
| TOTAL     | 406    | OR | TOTAL     |        |

| SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OR | OTHER THAN SMALL ENTITY |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| <p>1. Name of the applicant:</p> <p>2. Address of the applicant:</p> <p>3. City:</p> <p>4. State:</p> <p>5. Zip:</p> <p>6. Title of the inventor:</p> <p>7. Name of the inventor:</p> <p>8. Address of the inventor:</p> <p>9. City:</p> <p>10. State:</p> <p>11. Zip:</p> <p>12. Title of the inventor:</p> <p>13. Name of the inventor:</p> <p>14. Address of the inventor:</p> <p>15. City:</p> <p>16. State:</p> <p>17. Zip:</p> <p>18. Title of the inventor:</p> <p>19. Name of the inventor:</p> <p>20. Address of the inventor:</p> <p>21. City:</p> <p>22. State:</p> <p>23. Zip:</p> <p>24. Title of the inventor:</p> <p>25. Name of the inventor:</p> <p>26. Address of the inventor:</p> <p>27. City:</p> <p>28. State:</p> <p>29. Zip:</p> <p>30. Title of the inventor:</p> <p>31. Name of the inventor:</p> <p>32. Address of the inventor:</p> <p>33. City:</p> <p>34. State:</p> <p>35. Zip:</p> <p>36. Title of the inventor:</p> <p>37. Name of the inventor:</p> <p>38. Address of the inventor:</p> <p>39. City:</p> <p>40. State:</p> <p>41. Zip:</p> <p>42. Title of the inventor:</p> <p>43. Name of the inventor:</p> <p>44. Address of the inventor:</p> <p>45. City:</p> <p>46. State:</p> <p>47. Zip:</p> <p>48. Title of the inventor:</p> <p>49. Name of the inventor:</p> <p>50. Address of the inventor:</p> <p>51. City:</p> <p>52. State:</p> <p>53. Zip:</p> <p>54. Title of the inventor:</p> <p>55. Name of the inventor:</p> <p>56. Address of the inventor:</p> <p>57. City:</p> <p>58. State:</p> <p>59. Zip:</p> <p>60. Title of the inventor:</p> <p>61. Name of the inventor:</p> <p>62. Address of the inventor:</p> <p>63. City:</p> <p>64. State:</p> <p>65. Zip:</p> <p>66. Title of the inventor:</p> <p>67. Name of the inventor:</p> <p>68. Address of the inventor:</p> <p>69. City:</p> <p>70. State:</p> <p>71. Zip:</p> <p>72. Title of the inventor:</p> <p>73. Name of the inventor:</p> <p>74. Address of the inventor:</p> <p>75. City:</p> <p>76. State:</p> <p>77. Zip:</p> <p>78. Title of the inventor:</p> <p>79. Name of the inventor:</p> <p>80. Address of the inventor:</p> <p>81. City:</p> <p>82. State:</p> <p>83. Zip:</p> <p>84. Title of the inventor:</p> <p>85. Name of the inventor:</p> <p>86. Address of the inventor:</p> <p>87. City:</p> <p>88. State:</p> <p>89. Zip:</p> <p>90. Title of the inventor:</p> <p>91. Name of the inventor:</p> <p>92. Address of the inventor:</p> <p>93. City:</p> <p>94. State:</p> <p>95. Zip:</p> <p>96. Title of the inventor:</p> <p>97. Name of the inventor:</p> <p>98. Address of the inventor:</p> <p>99. City:</p> <p>100. State:</p> <p>101. Zip:</p> <p>102. Title of the inventor:</p> <p>103. Name of the inventor:</p> <p>104. Address of the inventor:</p> <p>105. City:</p> <p>106. State:</p> <p>107. Zip:</p> <p>108. Title of the inventor:</p> <p>109. Name of the inventor:</p> <p>110. Address of the inventor:</p> <p>111. City:</p> <p>112. State:</p> <p>113. Zip:</p> <p>114. Title of the inventor:</p> <p>115. Name of the inventor:</p> <p>116. Address of the inventor:</p> <p>117. City:</p> <p>118. State:</p> <p>119. Zip:</p> <p>120. Title of the inventor:</p> <p>121. Name of the inventor:</p> <p>122. Address of the inventor:</p> <p>123. City:</p> <p>124. State:</p> <p>125. Zip:</p> <p>126. Title of the inventor:</p> <p>127. Name of the inventor:</p> <p>128. Address of the inventor:</p> <p>129. City:</p> <p>130. State:</p> <p>131. Zip:</p> <p>132. Title of the inventor:</p> <p>133. Name of the inventor:</p> <p>134. Address of the inventor:</p> <p>135. City:</p> <p>136. State:</p> <p>137. Zip:</p> <p>138. Title of the inventor:</p> <p>139. Name of the inventor:</p> <p>140. Address of the inventor:</p> <p>141. City:</p> <p>142. State:</p> <p>143. Zip:</p> <p>144. Title of the inventor:</p> <p>145. Name of the inventor:</p> <p>146. Address of the inventor:</p> <p>147. City:</p> <p>148. State:</p> <p>149. Zip:</p> <p>150. Title of the inventor:</p> <p>151. Name of the inventor:</p> <p>152. Address of the inventor:</p> <p>153. City:</p> <p>154. State:</p> <p>155. Zip:</p> <p>156. Title of the inventor:</p> <p>157. Name of the inventor:</p> <p>158. Address of the inventor:</p> <p>159. City:</p> <p>160. State:</p> <p>161. Zip:</p> <p>162. Title of the inventor:</p> <p>163. Name of the inventor:</p> <p>164. Address of the inventor:</p> <p>165. City:</p> <p>166. State:</p> <p>167. Zip:</p> <p>168. Title of the inventor:</p> <p>169. Name of the inventor:</p> <p>170. Address of the inventor:</p> <p>171. City:</p> <p>172. State:</p> <p>173. Zip:</p> <p>174. Title of the inventor:</p> <p>175. Name of the inventor:</p> <p>176. Address of the inventor:</p> <p>177. City:</p> <p>178. State:</p> <p>179. Zip:</p> <p>180. Title of the inventor:</p> <p>181. Name of the inventor:</p> <p>182. Address of the inventor:</p> <p>183. City:</p> <p>184. State:</p> <p>185. Zip:</p> <p>186. Title of the inventor:</p> <p>187. Name of the inventor:</p> <p>188. Address of the inventor:</p> <p>189. City:</p> <p>190. State:</p> <p>191. Zip:</p> <p>192. Title of the inventor:</p> <p>193. Name of the inventor:</p> <p>194. Address of the inventor:</p> <p>195. City:</p> <p>196. State:</p> <p>197. Zip:</p> <p>198. Title of the inventor:</p> <p>199. Name of the inventor:</p> <p>200. Address of the inventor:</p> <p>201. City:</p> <p>202. State:</p> <p>203. Zip:</p> <p>204. Title of the inventor:</p> <p>205. Name of the inventor:</p> <p>206. Address of the inventor:</p> <p>207. City:</p> <p>208. State:</p> <p>209. Zip:</p> <p>210. Title of the inventor:</p> <p>211. Name of the inventor:</p> <p>212. Address of the inventor:</p> <p>213. City:</p> <p>214. State:</p> <p>215. Zip:</p> <p>216. Title of the inventor:</p> <p>217. Name of the inventor:</p> <p>218. Address of the inventor:</p> <p>219. City:</p> <p>220. State:</p> <p>221. Zip:</p> <p>222. Title of the inventor:</p> <p>223. Name of the inventor:</p> <p>224. Address of the inventor:</p> <p>225. City:</p> <p>226. State:</p> <p>227. Zip:</p> <p>228. Title of the inventor:</p> <p>229. Name of the inventor:</p> <p>230. Address of the inventor:</p> <p>231. City:</p> <p>232. State:</p> <p>233. Zip:</p> <p>234. Title of the inventor:</p> <p>235. Name of the inventor:</p> <p>236. Address of the inventor:</p> <p>237. City:</p> <p>238. State:</p> <p>239. Zip:</p> <p>240. Title of the inventor:</p> <p>241. Name of the inventor:</p> <p>242. Address of the inventor:</p> <p>243. City:</p> <p>244. State:</p> <p>245. Zip:</p> <p>246. Title of the inventor:</p> <p>247. Name of the inventor:</p> <p>248. Address of the inventor:</p> <p>249. City:</p> <p>250. State:</p> <p>251. Zip:</p> <p>252. Title of the inventor:</p> <p>253. Name of the inventor:</p> <p>254. Address of the inventor:</p> <p>255. City:</p> <p>256. State:</p> <p>257. Zip:</p> <p>258. Title of the inventor:</p> <p>259. Name of the inventor:</p> <p>260. Address of the inventor:</p> <p>261. City:</p> <p>262. State:</p> <p>263. Zip:</p> <p>264. Title of the inventor:</p> <p>265. Name of the inventor:</p> <p>266. Address of the inventor:</p> <p>267. City:</p> <p>268. State:</p> <p>269. Zip:</p> <p>270. Title of the inventor:</p> <p>271. Name of the inventor:</p> <p>272. Address of the inventor:</p> <p>273. City:</p> <p>274. State:</p> <p>275. Zip:</p> <p>276. Title of the inventor:</p> <p>277. Name of the inventor:</p> <p>278. Address of the inventor:</p> <p>279. City:</p> <p>280. State:</p> <p>281. Zip:</p> <p>282. Title of the inventor:</p> <p>283. Name of the inventor:</p> <p>284. Address of the inventor:</p> <p>285. City:</p> <p>286. State:</p> <p>287. Zip:</p> <p>288. Title of the inventor:</p> <p>289. Name of the inventor:</p> <p>290. Address of the inventor:</p> <p>291. City:</p> <p>292. State:</p> <p>293. Zip:</p> <p>294. Title of the inventor:</p> <p>295. Name of the inventor:</p> <p>296. Address of the inventor:</p> <p>297. City:</p> <p>298. State:</p> <p>299. Zip:</p> <p>300. Title of the inventor:</p> <p>301. Name of the inventor:</p> <p>302. Address of the inventor:</p> <p>303. City:</p> <p>304. State:</p> <p>305. Zip:</p> <p>306. Title of the inventor:</p> <p>307. Name of the inventor:</p> <p>308. Address of the inventor:</p> <p>309. City:</p> <p>310. State:</p> <p>311. Zip:</p> <p>312. Title of the inventor:</p> <p>313. Name of the inventor:</p> <p>314. Address of the inventor:</p> <p>315. City:</p> <p>316. State:</p> <p>317. Zip:</p> <p>318. Title of the inventor:</p> <p>319. Name of the inventor:</p> <p>320. Address of the inventor:</p> <p>321. City:</p> <p>322. State:</p> <p>323. Zip:</p> <p>324. Title of the inventor:</p> <p>325. Name of the inventor:</p> <p>326. Address of the inventor:</p> <p>327. City:</p> <p>328. State:</p> <p>329. Zip:</p> <p>330. Title of the inventor:</p> <p>331. Name of the inventor:</p> <p>332. Address of the inventor</p> |    |                         |

|                    |                |    |                    |                |
|--------------------|----------------|----|--------------------|----------------|
| RATE               | ADDITIONAL FEE |    | RATE               | ADDITIONAL FEE |
| X\$ 9=             |                | OR | X\$18=             |                |
| X42=               |                | OR | X84=               |                |
| +140=              |                | OR | +280=              |                |
| TOTAL<br>ADDIT FEE |                | OR | TOTAL<br>ADDIT FEE |                |

| RATE                | ADDITIONAL FEE | OR | RATE                | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9=              |                | OR | X\$18=              |                |
| X42=                |                | OR | X84=                |                |
| +140=               |                | OR | +280=               |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE |                |

| RATE                | ADDITIONAL FEE |    | RATE                | ADDITIONAL FEE |
|---------------------|----------------|----|---------------------|----------------|
| X\$ 9=              |                | OR | X\$18=              |                |
| X42=                |                | OR | X84=                |                |
| +140=               |                | OR | +280=               |                |
| TOTAL<br>ADDIT. FEE |                | OR | TOTAL<br>ADDIT. FEE |                |